

VILLAGE OF INDIAN HEAD PARK
REQUEST FOR PUBLIC RECORDS – INDIAN HEAD PARK POLICE DEPARTMENT
UNDER THE FREEDOM OF INFORMATION ACT 5 ILCS 140/1 et seq.

Name of Organization (if applicable)		Business Phone# (____)	
Requestor's Name		Daytime Phone# (____)	
Address (Street and Number)		Home Phone# (____)	
Address of Occurrence			
Town	State	Zip Code	E-Mail Address

☐ I wish to **inspect** these items.

Date of Incident: _____

(Check **one** box)

Type of Incident: (Please circle one)
Crash Report, Incident Report or Arrest Report

☐ I would like **copies** of these items.

Case Report #: _____

Pursuant to the Freedom of Information Act describe in detail the public records being requested (attach additional sheets, if necessary)

Is this request for a commercial purpose? (see other side) Yes _____ or No _____

Signature of Requestor

Date

Village of Indian Head Park – Freedom of Information Officer
201 Acacia Drive, Indian Head Park, IL 60525
Telephone # (708) 246-4534 Fax # (708) 246-9357

Ray Leuser, Police Sergeant

FOR OFFICE USE ONLY

This section to be completed by the Freedom of Information Officer fulfilling this request.

Date request form received: _____ Photocopy Charge \$ _____
(If applicable)

Deadline to respond: _____ Date response provided: _____

Form# 3/2014